



**APPLICANTS ONLY**  
**NAME/ADDRESS CHANGE FORM**

In order to process your request, please complete this form and return it to the above address. ALL INCOMPLETE FORMS WILL BE RETURNED.

Type of Application on File: ☐ PT ☐ PTA

**Section 1. Request for Name Change.**

The Physical Therapy Board may recognize a name change if that name is not his/her adopted name for all purposes and if the change is not made for fraudulent purposes.

I \_\_\_\_\_ have assumed the following name of \_\_\_\_\_ based on the following:

First Name Middle Name Last Name

(Select One)

- ☐ Marriage  
☐ Dissolution of Marriage  
☐ Other: \_\_\_\_\_

**Section 2. Address & Information Update.**

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Old Address: \_\_\_\_\_  
Street Address City County State Zip Code

Residence Address: \_\_\_\_\_  
(PO Box Not Acceptable) Street Address City County State Zip Code

Mailing Address of Record: \_\_\_\_\_  
(If different then above) Street Address City County State Zip Code

Date Address of Record Changed \_\_\_\_\_  
(Not the date submitted to the PTBC) Month/Date/Year

(Signature)

(Date)